

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

TN0401

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: \_\_\_\_\_

B. WING: \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

02/26/2014

NAME OF PROVIDER OR SUPPLIER

BLEDSOE COUNTY NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

107 WHEELERTOWN AVENUE  
PIKEVILLE, TN 37387(X4) ID  
PREFIX  
TAGSUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
REGULATORY OR LSC IDENTIFYING INFORMATION)ID  
PREFIX  
TAGPROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)(X5)  
COMPLETE  
DATE

N 000

Initial Comments

N 000

During an annual Licensure survey and investigation of complaint #31140, and #31451, conducted on February 24, 2014, through February 26, 2014, Bledsoe County Nursing Home was found to be in compliance with 1200-8-6, Standards for Nursing Homes.

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

Administrator

3/13/14

P1P511

If continuation sheet 1 of 1